

ORAMMA

Operational Refugee And Migrant Maternal Approach project and the role of maternity peer supporters

Project Overview



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VISION

ORAMMA: Operational Refugee And Migrant Maternal Approach has a vision:

- ✓ to develop an operational and strategic approach in order to **promote safe motherhood**,
- ✓ to improve access and delivery of **maternal healthcare for refugee and migrant women**
- ✓ and to improve **maternal health equality** within European Union.



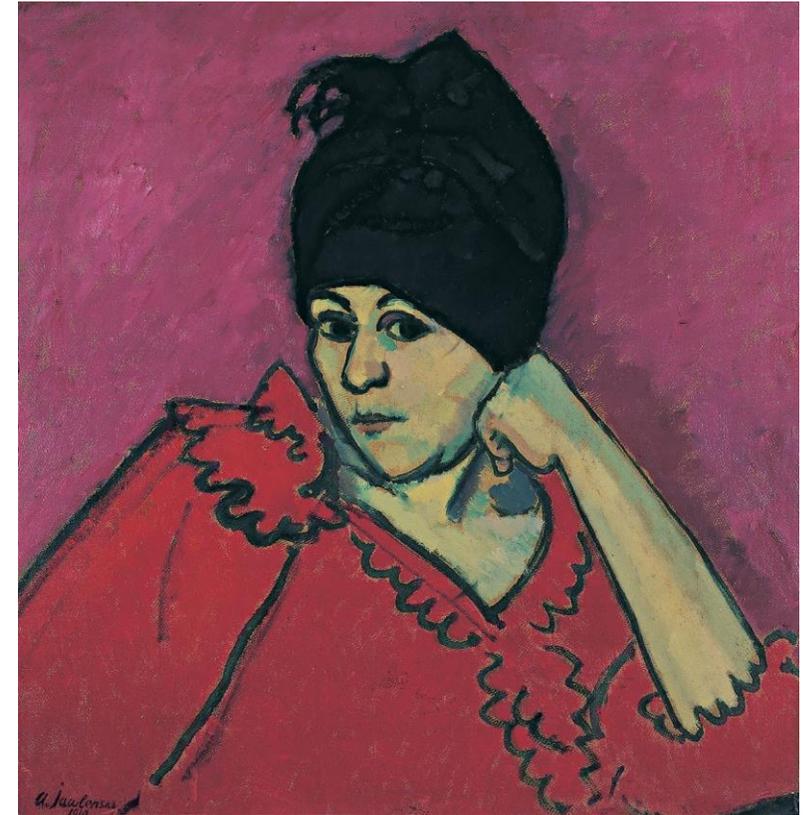
PROBLEM STATEMENT

- The undergoing **migration crisis** in Europe
- Calls for **integrated models and approaches for healthcare provision** especially for the most vulnerable groups of migrants and refugees, like pregnant and childbearing refugee women.
- UNHCR has underlined that one of the **most vulnerable groups** requiring a prompt, coordinated, and effective response are all migrant and refugee women **with an emphasis on pregnant and lactating women, adolescent girls and early-married girl children – sometimes themselves with newborn babies.**
- specific health risks and challenges during perinatal period that need to be dealt by **well-trained multidisciplinary teams of health professional experts** since they are characterized by a **complex physical, psychological and mental state of health.**



PROBLEM STATEMENT

According to the European policies in response to the migration crisis: ***“States are responsible for guaranteeing refugee and asylum-seeking women’s full access to healthcare assistance, reproductive health services, and psychological assistance, considering their specific needs and eliminating the legal and practical barriers that prevent them from accessing the healthcare system”.***



an integrated and cost-effective approach on safe motherhood provision for migrant and refugee women,

taking into consideration

- (a) **best practices** in the field of **compassionate** maternal and perinatal healthcare,
- (b) **the special risks and characteristics** of the pregnant refugees and their newborns and
- (c) the **transferability of the model** in different healthcare systems across Europe: from camps and hotspot sites in Greece, to National Health Services in the UK and finally to community-based model in Netherlands.



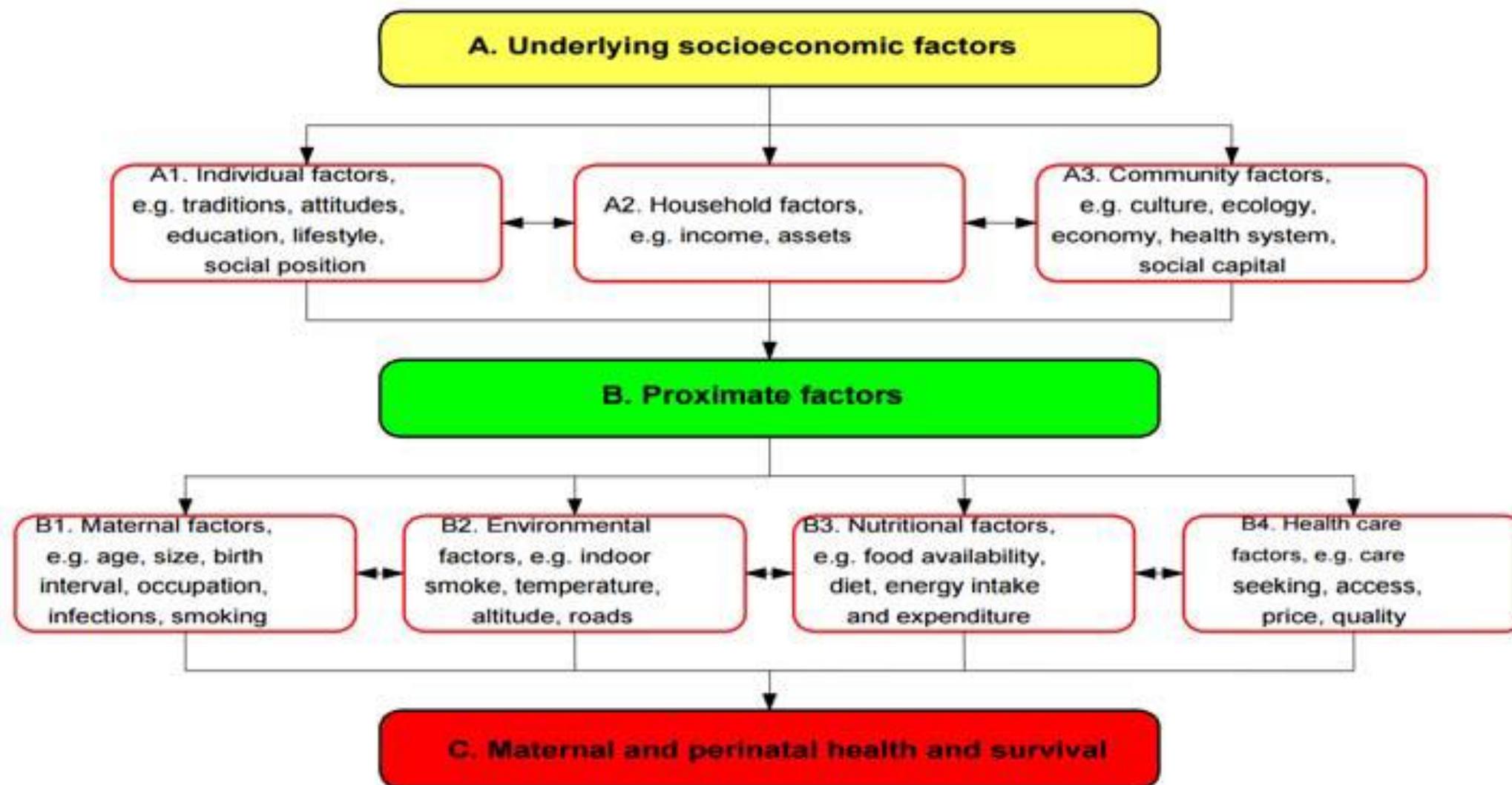
Analysis of the cause

The European Commission, the UN's Refugee Agency (UNHCR) and the Women's Refugee Commission (WRC) have all highlighted in their published official reports:

- The need to provide compassionate and quality maternal and perinatal healthcare to refugee women
 - and address their special needs.
1. Globally over 60 million people were forced to flee (more than 5 million to Europe) **half of them were women (UNHCR, 2016)**
 2. A high number of **pregnant women** have been observed among the refugees and migrants in entry points.
 3. In addition a large number of **infants** have been observed also suggests a high number of **lactating women** among this refugee and migrant population.



Improving maternal and perinatal health: European strategic approach for making pregnancy safer (WHO)



ORAMMA capacities

ORAMMA aims to strengthen capacities to:

- a) **provide appropriate care** in the migrant community for the woman and the newborn;
- b) **make healthy decisions and act upon those decisions**, including the decision to seek holistic and compassionate care when needed; and
- c) **assume their full role as propagating keys and action players** in improving maternal and newborn health of refugees.



Taking Action

ORAMMA project is an integrated approach that incorporates all the social dynamics and coordinates a multidisciplinary team of health professionals, **gender-approached, culturally-awared and mother-centred.**



Underpinning philosophy - Core values & principles

- Promotion of the **rights** of women and newborns.
- Promotion of **gender equality** as the basis of maternal and newborn health approaches.
- Ensuring **equity in access to quality care**, regardless of socio-economic status, with special attention to the poor and populations that are currently underserved.
- Ensuring **responsiveness to the needs** of the migrant and refugee communities.
- **Development of partnerships** in order to **increase the availability of resources and maximize their effective use**, reducing unnecessary duplication of activities for improving maternal and newborn health.
- Building upon on **existing initiatives and activities to maximize use of resources and synergies**.



General Philosophy



Midwife



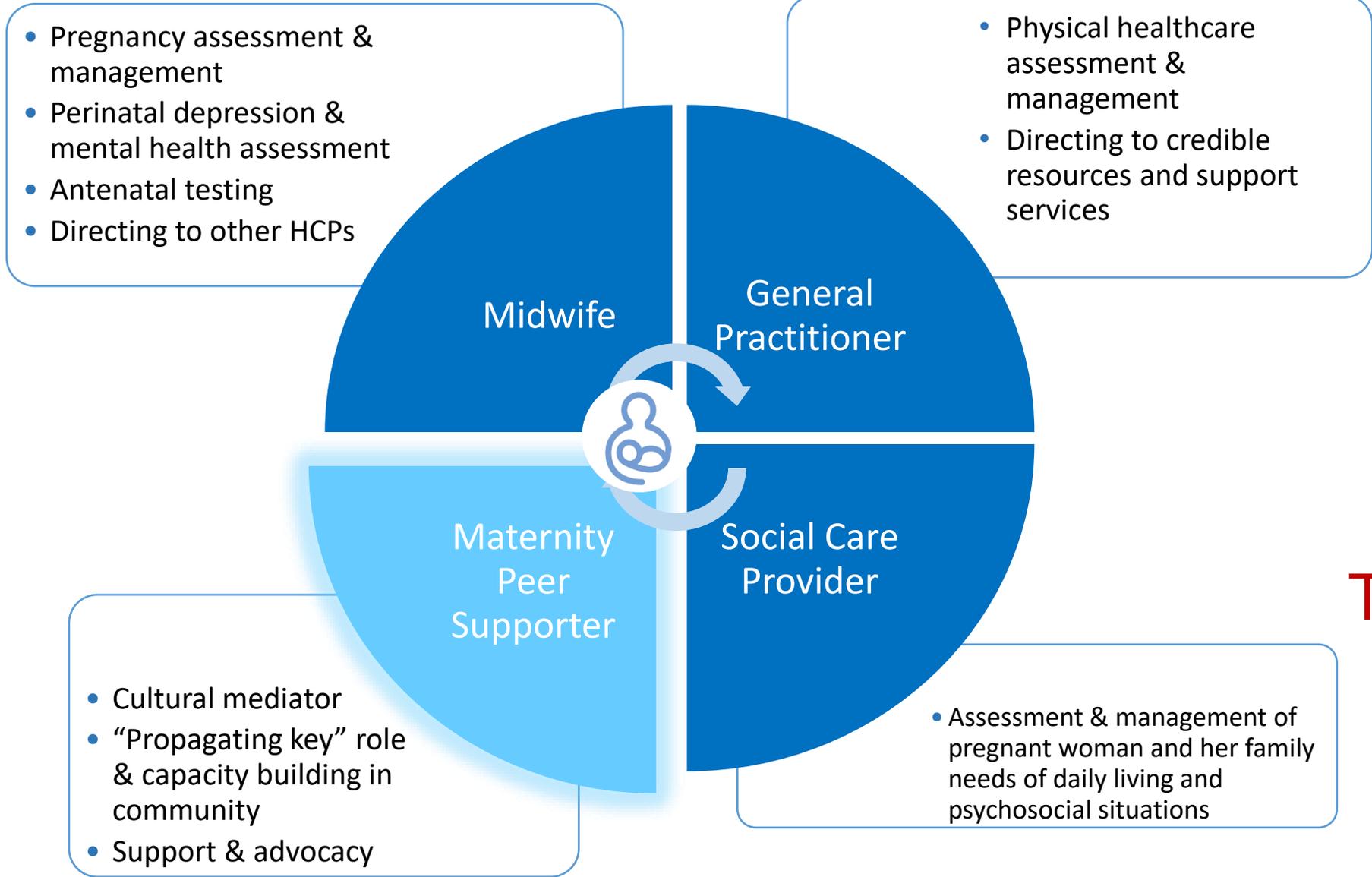
General
Practitioner



Social
Care
Provider



Maternity Peer Supporter

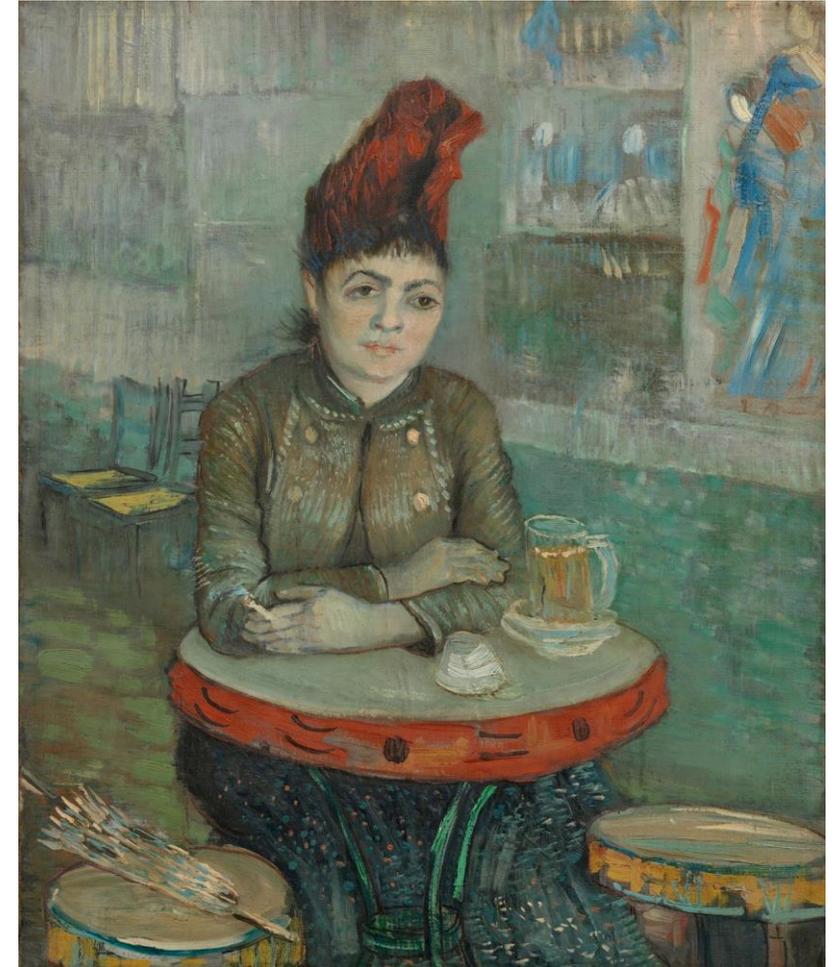


The collaboration

The **ORAMMA** approach

TARGET GROUPS

- ❖ Migrant and refugee pregnant women, mothers and their newborns.
- ❖ Health professionals as midwives and GPs, social workers
- ❖ Maternity Peer Supporters
- ❖ Policy makers
- ❖ Other relevant stakeholders in the field of healthcare for migrant and refugee women.



Added value in European level in the following ways

- ❖ **Cost effective approach that used of existing resources**
- ❖ **Promotion of best practices in all participating Member States**
- ❖ **Raising awareness and health education not only for the health professionals but also for the migrant and refugee communities.**

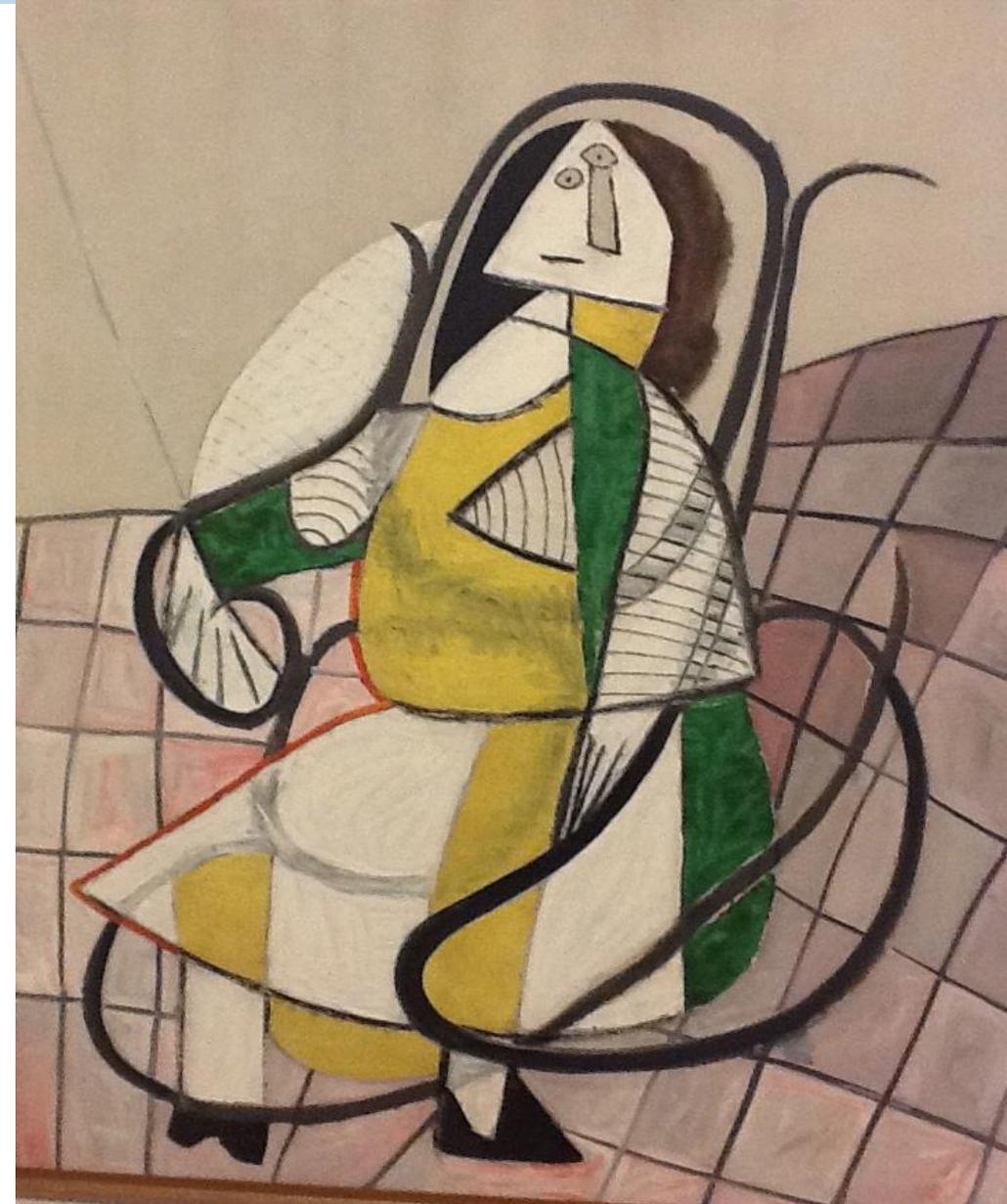


ORAMMA State of Art and APPROACH

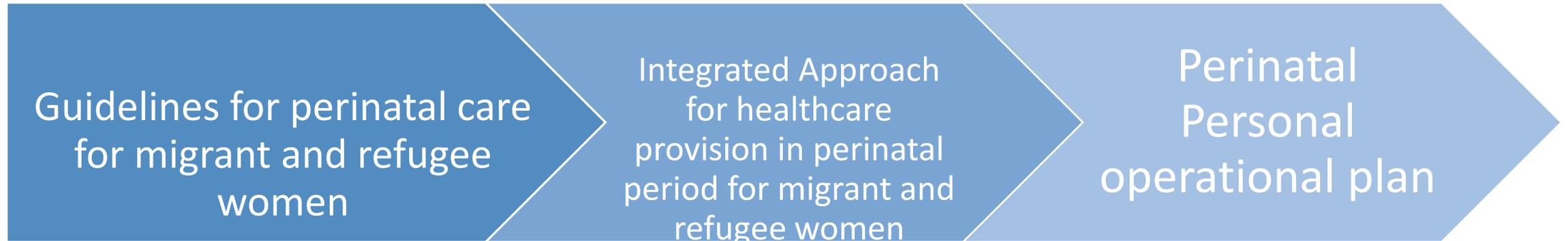


Role of Partners

- ✓ Conducted desk research in the national context of perinatal healthcare for migrant and refugee women in their countries and provide a short national report
- ✓ Qualitative survey questionnaire and online tool that has been addressed to the midwifery associations across Europe
- ✓ Literature review and produced agreed chapters of the Perinatal Guidelines for migrant and refugee women.
- ✓ Perinatal Personal Operational Plan



Deliverables ORAMMA project



Guidelines for perinatal care for migrant and refugee women

- ✓ Contain evidence-based, best practices and recommendations in the related field
- ✓ Target group: health providers (such as public and private clinics), individual health professionals working with the target group and other community-based services that the target group visits, NGO practitioners or volunteers in direct contact with the target group
- ✓ The aim of the Guidelines is to be used both as a practice tool for health professionals AND as an informative and educational tool for all stakeholders



Integrated Approach in perinatal period for migrant and refugee women



- ✓ the rationale and all the characteristics of the approach
- ✓ description and role of the multidisciplinary team
- ✓ description of phases and specifications on each phase
- ✓ decision trees and/or algorithms for the implementation of the model

Perinatal Personal Operational Plan

the **basic tool** of the perinatal healthcare provision for migrant and refugee women

Necessary information both for the woman and the team:

- not only health record, but also social determinants
- Plan for the first, second and third semester of pregnancy, birth plan and postpartum plan



ORAMMA Outcomes: Dissemination of the project

Website

<https://oramma.eu/>

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Oramma
Operational Refugee And Migrant Maternal Approach

News Feeds

Oramma
4 days ago

In the UK, the charity Migrants' Rights Network has been granted permission to challenge the data-sharing agreement between the Home Office, the Department of Health, and NHS Digital.

MRN will argue that the data sharing agreement undermines migrants' rights.

mrn

Leaflet

Operational Refugee And Migrant Maternal Approach

MIGRANT MOTHERS MATTER TOO

www.oramma.eu

Oramma
Operational Refugee And Migrant Maternal Approach

This leaflet is part of the project 738546/ORA-046 which has received funding from the European Union's Health Programme (2014-2020)

Community capacity building, propagating
key members

Maternity Peer Supporters



Maternity Peer Supporters

- ✓ **Key members or active players** from the migrant and refugee communities in order **to propagate and diffuse** the perinatal approach into the communities and motivate them to actively participate
- ✓ **Build the capacity of the involved target groups:** to train the health professionals and inform the migrant and refugee communities



MPS have the **ability to help** the migrant and refugee mothers to some of the most important factors for what is considering a **‘good, pleasant and safe’** experience:

- ❖ (a) mothers being able to make **informed choices**,
- ❖ (b) mothers **feeling supported and respected by care providers**,
- ❖ **advocate** for women who seek help and support during vulnerable times such as childbirth and perinatal period.

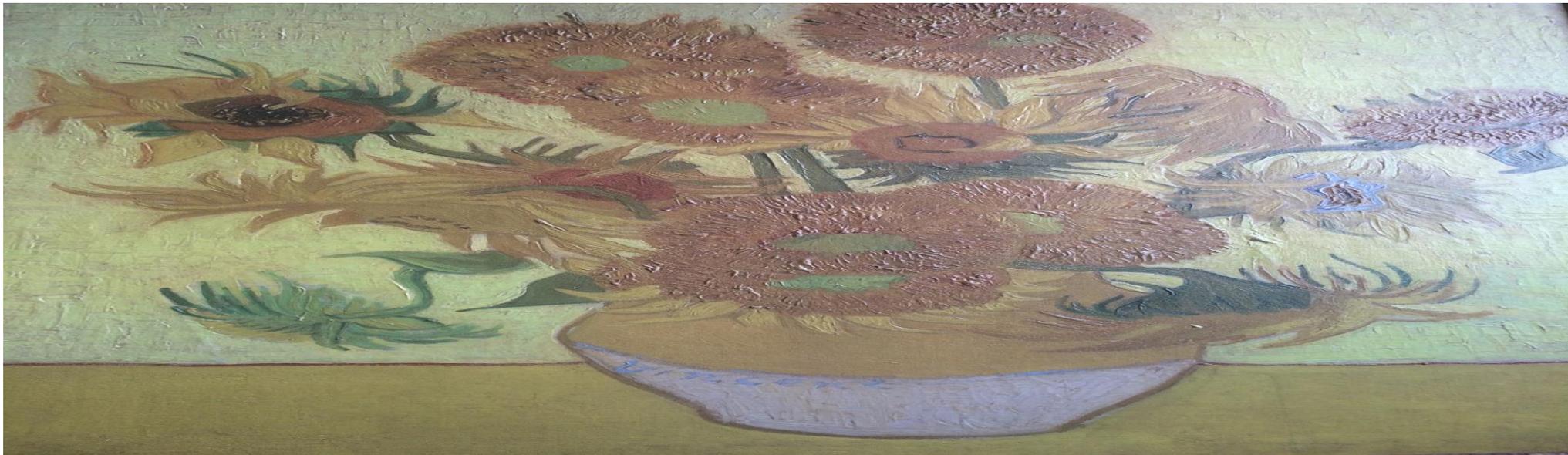


ORAMMA Deliverables

Training handbook for
MPS

Training
handbook for
health
professionals

E-course



Pilot implementation and assessment



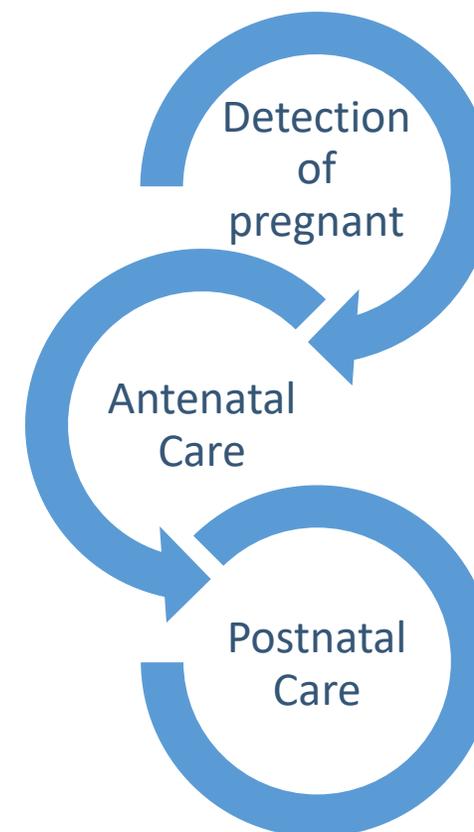
ORAMMA PILOT

- ✓ **Pilot test the developed ORAMMA approach** in different European settings
- ✓ **Collected field data** (both quantitative and qualitative)
- ✓ **Provide feedback and recommendations for improvement**
- ✓ **Provide policy recommendations** on the perinatal healthcare of migrant and refugee women



- ✓ The pilot implementation of ORAMMA model has been conducted in three different European settings:
 1. in camps/hotspots in Greece,
 2. through the NHS in the UK and
 3. in municipality-based services in Netherlands.

The purpose of the three settings has been made in order pilot test the model in the much different health systems throughout Europe.



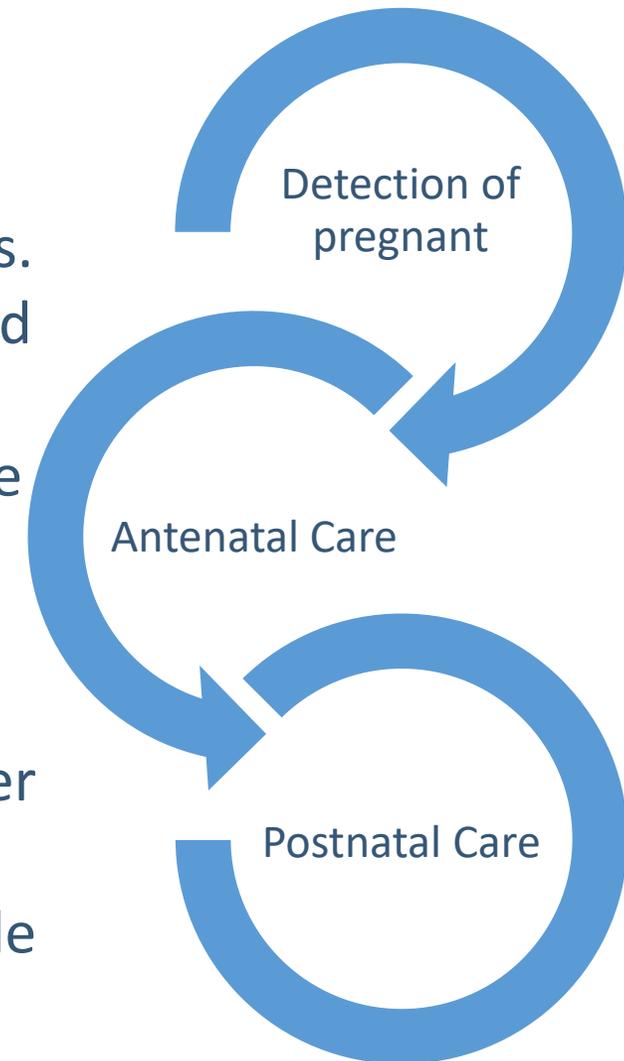
33 in Greece

21 in UK

19 in NL

pregnant women have participated in the pilot sessions.
Minimum number of visits, unless more visits are needed due to the conditions of the woman:

- 4 midwife visits (3 ante and 1 post-natal): 150 midwife visits per country
- 1 social worker visit: 30 social worker visits per country
- 1 general physician visit: 30 general physician visits per country
- The visits with the health professionals has been made either individually or in groups.



“ORAMMA: Operational Refugee And Migrant Maternal Approach”

Integrated model on perinatal healthcare for migrant and refugee women

Phase 0: Detection of pregnancy

- Coordination by the GP or health professional on the community (camp, municipality, social services, NHS, ect.)
- Detection of pregnancy
- Raising awareness on the special needs and risks of the target group



Phase 1: Care during pregnancy

- Coordination by the midwife
- Multidisciplinary team
- Personal operational plan (including chronic diseases, communicable diseases, health risks, cultural issues, etc.)
- Visits with midwife



Phase 2: Support after birth

- Coordination by the social worker
- Midwife visits (breastfeeding, nutrition, post-natal check, clinical tests)
- Social worker: psychological support, referrals to social services, assistance with benefits

Community Capacity Building & Empowerment



**ΕΥΧΑΡΙΣΤΩ ΠΟΛΥ!
THANK YOU!**

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